

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- a Print your name and address, on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven & Larsen

Resident

Insurance Commissioner

Maryland

5500 St. Leonard Ave

3GA Baltimore MD 21202

2. Article Number

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

Signature

v

Agent

de

see

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from it? Yes

MAR 05 2003

VIAND INSURANCE
ADMINISTRATION

3. Service Type

Certified Mail 13 Express Mail

Registered

Return Receipt for Merchandise

Insured Mail O.C.D.

4. Restricted Delivery? (Extra Fee)

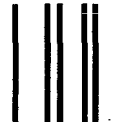
Yes

913

102595-02-M-1035s

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

GREENBERG & BEDERMAN
1111 Bonifant Street
Silver Spring, MD 20910

JH, Beth Scott complaint